PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number: 09/508794

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY TYPE ☐ RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE			420	345.00	OR	840	690.00
TOTAL CLAIMS	1	minus 20 =	X$ 9=		OR	X$18=	
INDEPENDENT CLAIMS	1	minus 3 =	X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT			+130=		OR	+260=	
			TOTAL	420	OR	TOTAL	840

* If the difference in column 1 is less than zero, enter "0" in column 2

hold extra $162 for claim update in pre-amendment

CLAIMS AS AMENDED - PART II

AMENDMENT A

3/15/
6/1/

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	29	Minus 20	= 9	X$ 9=		OR	X$18=	162.00
Independent	3	Minus 3	= 0	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=		OR	+260=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

12/30/

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	122	Minus 29	= 93	X$ 9=	837.00	OR	X$18=	837
Independent	7	Minus 3	= 4	X39=	168.00	OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=		OR	+260=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

7/7/

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	52	Minus 122	= 0	X$ 9=		OR	X$18=	
Independent	2	Minus 7	= 0	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=		OR	+260=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number
09 508794

RCE filed CLAIMS AS FILED – PART I

10/2/03

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE (37 CFR 1.16(a))							$
TOTAL CLAIMS (37 CFR 1.16(c))	52 minus 20 =	122 *0*	X $ ___ =		OR	X $ ___ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 =	7 *0*	X $ ___ =		OR	X $ ___ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ $ ___ =		OR	+ $ ___ =	
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL	

CLAIMS AS AMENDED – PART II

6/7/04

	(Column 1)		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
A Total (37 CFR 1.16(c))	* 104	Minus	** 122	= *0*	X $ ___ =		OR	X $ ___ =	
A Independent (37 CFR 1.16(b))	* 0	Minus	*** 7	= *0*	X $ ___ =		OR	X $ ___ =	
A FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $ ___ =		OR	+ $ ___ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

	(Column 1)		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
B Total (37 CFR 1.16(c))	*	Minus	**	=	X $ ___ =		OR	X $ ___ =	
B Independent (37 CFR 1.16(b))	*	Minus	***	=	X $ ___ =		OR	X $ ___ =	
B FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $ ___ =		OR	+ $ ___ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

	(Column 1)		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
C Total (37 CFR 1.16(c))	*	Minus	**	=	X $ ___ =		OR	X $ ___ =	
C Independent (37 CFR 1.16(b))	*	Minus	***	=	X $ ___ =		OR	X $ ___ =	
C FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $ ___ =		OR	+ $ ___ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.